



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000040633		2. Exact name of the Corporation Bay Marina, INC.										
3. Principal Office Address 60 Colvin St box 357		City Hope	State RI									
		Zip 02831										
4. NAICS Code 713930	6. Brief description of the character of business conducted in Rhode Island to operate a marina											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Anthony D. Altrui		Vice-President Name Kristin Altrui										
Street Address 60 Colvin Street Box 357		Street Address 175 Mohawk Trail										
City Hope	State RI	City Cranston	State RI									
Zip 02831		Zip 02921										
Secretary Name Kristin Altrui		Treasurer Name Anthony D. Altrui										
Street Address 175 Mohawk Trail		Street Address 60 Colvin Street Box 357										
City Cranston	State RI	City Hope	State RI									
Zip 02921		Zip 02831										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2000</td> <td>common</td> <td>No Pa</td> </tr> <tr> <td>r</td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2000	common	No Pa	r		
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
2000	common	No Pa										
r												
Changes require an additional filing.												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.												
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.												
Name of Authorized Representative Anthony D. Altrui			Date 1/14/25									
Signature of Authorized Representative 			FILED JAN 15 2025 BY 11300									

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

RI DOS MADE NON-SUBSTANTIVE EDITS

FORM 630- Revised 12/2023